HOUSE BILL No. 1533

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-21-2-16; IC 27-8-11-7; IC 27-13-36.2-7.

Synopsis: Payment for in-network care. Requires a hospital or ambulatory outpatient surgical center that is part of a provider network for an insurer or a health maintenance organization to ensure that care is available to individuals covered by the insurer or health maintenance organization according to the terms of the individual's coverage for in-network services.

Effective: July 1, 2003.

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January 16, 2003, read first time and referred to Committee on Insurance, Corporations and Small Business.





2003

First Regular Session 113th General Assembly (2003)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2002 Regular or Special Session of the General Assembly.

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HOUSE BILL No. 1533

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

l	SECTION 1. IC 16-21-2-16 IS ADDED TO THE INDIANA CODE
2	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2003]: Sec. 16. (a) This section applies to a hospital or an
1	ambulatory outpatient surgical center that enters into:
5	(1) an agreement with an insurer under IC 27-8-11; or
5	(2) a contract with a health maintenance organization under
7	IC 27-13 to serve as a participating provider.
3	(b) As used in this section, "in-network provider" means a
)	provider (as defined in IC 27-8-11-1) who is an individual and who

- (1) an agreement with an insurer under IC 27-8-11; or
- (2) a contract with a health maintenance organization under IC 27-13 to serve as a participating provider.
 - (c) A hospital or an ambulatory outpatient surgical center shall:
- (1) ensure that care received by an individual who is:
 - (A) treated at the hospital or ambulatory outpatient surgical center; and



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has entered into:

1	(B) insured by the insurer or has coverage under a	
2	contract with the health maintenance organization	
3	described in subsection (a);	
4	is available at all times through an in-network provider; or	
5	(2) require, as a condition of providing care at the hospital or	
6	ambulatory outpatient surgical center, that a provider who is	
7	not an in-network provider and provides care to an individual	
8	described in subdivision (1):	
9	(A) accept as payment in full the amount that would be	
10	paid by the insurer or health maintenance organization for	
11	the care provided if the provider were an in-network	
12	provider; and	
13	(B) not bill or collect from the individual an amount	
14	exceeding the amount described in clause (A).	
15	SECTION 2. IC 27-8-11-7 IS ADDED TO THE INDIANA CODE	
16	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY	
17	1, 2003]: Sec. 7. (a) An insurer shall make payment for care	
18	provided by a provider described in IC 16-21-2-16(c)(2) in the	
19	amount that would have been agreed to if the provider entered into	
20	an agreement with the insurer under section $3(a)(1)$ of this chapter.	
21	(b) Subsection (a) does not require the insurer to make payment	
22	directly to the provider.	
23	SECTION 3. IC 27-13-36.2-7 IS ADDED TO THE INDIANA	
24	CODE AS A NEW SECTION TO READ AS FOLLOWS	
25	[EFFECTIVE JULY 1, 2003]: Sec. 7. (a) A health maintenance	
26	organization shall make payment for care provided by a provider	
27	described in IC 16-21-2-16(c)(2) in the amount that would have	
28	been agreed to if the provider entered into a contract with the	W
29	health maintenance organization to serve as a participating	
30	provider.	
31	(b) Subsection (a) does not require the health maintenance	

(b) Subsection (a) does not require the health maintenance organization to make payment directly to the provider.



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